

MaineCare X-ray Referral Form

Date:

Dear _____,

This explains what you need to know about the dental x-rays we took for you on _____ and what will happen next.

- Dr. _____ will look at the x-rays and help us decide if you need follow-up care.
- We'll let you know if you need follow-up care. If you do, we will give you Dr. _____'s phone number and address at that time. You may also choose a different dentist other than Dr. _____ for that follow-up care.
- If you choose to go to a different dentist and s/he wants to take a second set of x-rays, MaineCare may **NOT** pay for the second set.

Thank you,

Independent Dental Hygienist

Signature

Date

My signature below means I have read and understand this notice.

Member or parent /guardian

Signature

Date